

[Date]

[Medical Provider Name]

[Address]

[City, State, Zip Code]

RE: Letter of Protection Acknowledgment

Client/Patient: [Client Name]

Date of Loss: [Date of Accident]

Claim Number: [Claim Number]

Dear [Contact Person or Billing Department],

Our office represents the above-named client regarding personal injury claims arising from the date of loss referenced above.

This letter serves as our formal acknowledgment and acceptance of the Letter of Protection (LOP) regarding the medical services provided to our client. We agree to protect your outstanding medical bills for services related to this accident from any settlement or judgment proceeds received by this firm on behalf of the client.

Please note the following conditions of this acknowledgment:

- Payment is contingent upon the successful recovery of funds via settlement or trial.
- This firm is authorized to withhold the amount of your final billing from the net proceeds of any recovery.
- In the event of a recovery, you will be notified and requested to provide a final, itemized statement of charges.

Please forward all future medical records and billing statements regarding this client to our office at your earliest convenience. Should the client terminate our representation, we will notify you immediately.

Sincerely,

[Attorney Name]

[Law Firm Name]

[Phone Number]

[Email Address]